



**February 2003**

To submit information, update, or ask questions, please contact Diana Der Koorkanian at (301) 594-4113 or by e-mail: [dderkoorkanian@hrsa.gov](mailto:dderkoorkanian@hrsa.gov)

## **LATE BREAKING NEWS**

Greetings!

**STATEWIDE/REGIONAL CAP INITIATIVES AND CONFERENCES:** CAP Central and Regional Division (Field Office) Staff recently held a conference call to learn more about what CAP grantees were doing regarding collaboration, conferences and other initiatives at the state and regional level. We were excited to hear about many formal and informal CAP activities and meetings! Among those mentioned were: the Annual New England Regional Meeting; Atlanta Region initiatives; US-Mexico Border regional meetings; statewide meetings and activities in Arizona, Texas and California; Ohio quarterly meetings; regular meetings in Minnesota, Florida, and Colorado; and an all HRSA Grantee meeting in Iowa.

Hot topics and outcomes included information sharing, discussion, and collaboration around: sustainability, return on community investment, disease management, low-cost insurance products, state budget shortfalls, oral health, collaboration with state Medicaid directors, the high and rising cost of insurance premiums, and volunteer physician models. In addition, many of these activities have established or strengthened relationships with: state health departments, Primary Care Associations, Primary Care Offices, public health associations, state Medicaid offices, Indian Health Services, universities, non-CAP funded communities, and state vocational education and disability agencies. If you believe there are opportunities for your CAP community to benefit from similar activities and you would like to explore the possibilities, please contact your Project Officer/Manager or Rick Wilk, at (312) 353-1307, email: [rwilk@hrsa.gov](mailto:rwilk@hrsa.gov).

### **INITIAL RUN OF THE AUTOMATED SYSTEM**

**COMPLETED:** As of Friday, January 17, 2003 we concluded our first run of the CAP automated monitoring system. The system had been available to accept data from grantees since December 16. During the month that the system was available, 13 technical assistance calls were held to help orient grantees to the new system. Technical support was also available to address questions on an individual basis. We are happy to report that most of the 136 grantees required to submit monitoring data did so by the closing date and with few technical difficulties.

## **INSIDE**

**LATE BREAKING NEWS**

**TECHNICAL ASSISTANCE  
CALLS SCHEDULE**

**GRANTEE NEWS**

**GRANT OPPORTUNITIES  
AND AWARDS**

**CONFERENCES,  
PROGRAMS, AND OTHER  
NEWS**

**REPORTS AND  
ISSUE BRIEFS**

**WEB RESOURCES**

**Printing Copies of Your Report:** We have received several requests for hard copies of the reports submitted via the automated system. Each community was to print a copy prior to submitting the report, but for some communities this was not an option. We are currently developing a process to allow each community an opportunity to view and print a copy of their report via the grantee website. We expect to have that feature available in late February and will notify the primary contact of each community with a final date.

**Next Reporting Period:** We are quickly approaching the end of the next six-month reference period for reporting. This reference period includes September 1, 2002 through February 28, 2003. All grantees, including those initially funded in September 2002, will be required to submit data for this reference period. We were scheduled to open the web-based monitoring system in March 2003 to collect this data. However, the next opening date will be postponed due to delayed reporting by some grantees during the previous open period. Although the open period for the next reporting cycle has been postponed, communities are encouraged to organize and document your data now. Doing so will greatly reduce the amount of time and effort required for you to enter your data into the automated system once it is available. Feel free to contact Teresa Brown, CAP Evaluation Coordinator, if you have any questions about the reporting process (email: [tbrown@hrsa.gov](mailto:tbrown@hrsa.gov)).

Thanks!  
Diana

## CAP TA CALLS

### Technical Assistance Calls

Technical assistance calls for grantees are held every other Thursday from 2 to 3 PM EST. The schedule for February appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP Website: [www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov). Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact [scampbell@mac1988.com](mailto:scampbell@mac1988.com) or call 301-468-6006 x437.

### CAP TA Calls

Date	Topic
February 6	<b>How to Successfully Fulfill CAP Reporting Requirements</b>  This call will be led by Teresa Brown, CAP Evaluation Coordinator. Teresa will provide feedback to CAP communities based on the review of recently submitted monitoring reports. She will focus on identified strengths and weaknesses in documenting and reporting progress at the local level. She will also outline technical assistance that is available to help communities successfully fulfill reporting requirements. Grantees will be encouraged to ask questions throughout the call.
February 20	<b>Oral Health Part I: Overview and Partnerships for Oral Health</b>  This will be part one of a three-part series focusing on various issues surrounding oral health access, resources, and programs for underserved populations. Our featured speaker will be Beth Mazzella, RN, a former Chief Nurse of the USPHS, and a former deputy director of the HRSA/BPHC Division of Scholarships and Loan Repayments (NHSC). She will share her extensive experience in public health practice in multi-disciplinary, multi-cultural settings surrounding oral health.

With the exception of calls related to legal issues, many TA calls are summarized and posted on the CAP website ([www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)). Legal issue briefs are posted on the site under legal issues and require a password, which may be obtained by emailing Sherilyn Adams ([sadams@hrsa.gov](mailto:sadams@hrsa.gov)). You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

## GRANTEE NEWS

### **Health Access Project (HAP) Salt Lake City, Utah**

In January, the Health Access Project (HAP) fully implemented new customized software for case management and volunteer physician network tracking. The HAP Software includes unique components for coordinating interpreters and tracking pledges from community resources. CAP grantees interested in seeing a demonstration of the software should contact Connie Satzler at [satzler1@swbell.net](mailto:satzler1@swbell.net).

In addition, working with the Utah Primary Care Association, HAP added two AmeriCorps members to its case management staff last fall for less than half the cost of one regular full-time employee! In early 2003, HAP will be expanding to have outstationed case managers at five Salt Lake County hospitals and take referrals from eight of the nine hospitals in the County. In return, *all nine Salt Lake County hospitals* will support the 360 HAP volunteer providers by providing charity care to patients being treated by those providers. Currently four private outpatient surgery centers, two national laboratories, and a variety of other providers also donate services for HAP clients. Please contact Tanya Kahl at [tkahl@chc-ut.org](mailto:tkahl@chc-ut.org) for additional information.

### **The Institute for Urban Family Health New York, New York**

On September 24, 2002, Health and Human Services Secretary Tommy Thompson put out a call for community organizations to participate in "Take a Loved One to the Doctor Day," a national event to encourage African-Americans and other people of color to schedule a visit for preventive health care. NY CAP grantee, the Institute for Urban Family Health, expanded the campaign to include everyone who had not had a check-up in over one year, especially people of color, immigrants and the uninsured. To create a model health care day with as few barriers as possible, each health center offered free primary

care, prescriptions and diagnostic tests to all uninsured patients. Insurance eligibility screenings and enrollment, as well as a host of other health-related services, were also available.

The Institute's CAP network includes the Bronx Health REACH coalition, a CDC-funded project that works to eliminate racial disparities in health by reducing the rate of diabetes among people of color in the South Bronx. CAP tapped REACH's coalition of community and faith-based organizations to promote the event, do outreach, and give feedback. Another CAP partner, the St. Barnabas Community Center of Excellence in Women's Health (CCOE), was on the street, at bus stations, and in stores all over the Bronx, reaching out to uninsured women and referring them for needed care.

A unique partnership was formed with FECS, a local employment and training organization that referred several women who couldn't afford a physical, but were barred from employment without one. Over 100 new patients were seen at Institute health centers that day, all of them uninsured. Partner agency CCOE saw an additional 125 patients. More than half of those assisted with applications were eligible for health insurance but didn't know it, a statistic that mirrors national estimates. For more information about the Institute for Urban Family Health's CAP project, contact Myra Resnick at [mresnick@institute2000.org](mailto:mresnick@institute2000.org).

### **Brooklyn Alliance to Strengthen the Safety Net Brooklyn, New York**

Congratulations to the Brooklyn Alliance to Strengthen the Safety Net. The CAP grantee was presented with the eHealthcare Leadership Award for Best Website Design from the Forum for Healthcare Strategists for their website: [www.momsandkids.org](http://www.momsandkids.org)! The award appeared in the December 2002 issue of eHealthcare Strategy and Trends magazine.

## **River Cities Community Health Coalition (RCCHC) Ashland, Kentucky**

Representatives from the River Cities Community Health Coalition attended and presented at the American Society of Health System Pharmacists 37<sup>th</sup> Midyear Clinical Meeting in December in Atlanta, GA. Rory Phillips, John Elam and Amanda Carter represented the RCCHC at the conference. The presentation centered on MedConnex, an

indigent pharmacy program operated by RCCHC to assist in finding resources for qualified individuals to help with maintenance medication programs. The RCCHC CAP project is an affiliation of hospitals and health agencies in more than a dozen counties in Ohio, West Virginia and Kentucky who work together to improve the health of their communities. For more information about RCCHC's MedConnex program, please call: (740) 574-MEDS.

## **GRANT OPPORTUNITIES AND AWARDS**

### **Funds Available for Conference Support**

*Letters of intent Deadline: March 1, 2003*

*Application Deadline: May 1, 2003*

The Centers for Disease Control and Prevention (CDC) recently announced that it expects to make approximately \$1.1 million available in fiscal year 2003. Approximately 60 to 80 awards averaging \$20,000 each will be given to partially support non-federal conferences in the areas of health promotion, disease prevention information, education programs and applied research. Applications may be submitted by public or private entities for conferences to be held between July 1, 2003 and September 30, 2004. For more information visit: [http://www.healthinschools.org/2003/jan14\\_alert.asp](http://www.healthinschools.org/2003/jan14_alert.asp).

### **SAMHSA Grant-Writing and TA**

The Substance Abuse and Mental Health Services Administration (SAMHSA) continues to hold a series of workshops through May 2003 to help remove unnecessary barriers that may prevent these groups from receiving federal funding. These grant-writing workshops are being held for small, faith-based and community groups in communities throughout the country. Participants will receive hands-on training in writing an application and understanding the grant process; matching project ideas to funding sources; developing a budget; and establishing an evaluation plan. For workshop conference locations, dates and registration contact: Shelly Burgess at 301-443-8956 or visit [www.samhsa.gov](http://www.samhsa.gov)

### **Depression in Primary Care**

*Application Deadline: March 3, 2003*

*Depression in Primary Care: Linking Clinical and System Strategies* is a national program of The Robert Wood Johnson Foundation designed to increase the use of effective treatment models in primary care settings for patients with depression. The Targeted Leadership Grants initiative of the program is intended to find and develop leaders in primary care who will advance the treatment of depression as a chronic illness. For more information visit: <http://www.rwjf.org/applying/cfpDetail.jsp?cfpCode=DPC&type=open>.

### **Policy Advocacy on Tobacco and Health Grants**

*Deadline for receipt of brief proposals: February 14, 2003*

The Policy Advocacy on Tobacco and Health (PATH) program is a national funding and capacity building initiative to support diverse, community-based organizations and tribal groups in the development and implementation of effective tobacco control policy initiatives at the local level. The Program is a partnership between the Robert Wood Johnson Foundation and The Praxis Project to provide technical assistance, training and 24-month grants of up to \$150,000 to ten local, geographic community-based groups serving and working in communities of color. For more information visit: <http://www.thepraxisproject.org/path.html> or call 202-234-5921 or email: [info@thepraxisproject.org](mailto:info@thepraxisproject.org).

## CONFERENCES, PROGRAMS, AND OTHER NEWS

### **Cover the Uninsured Week**

*March 10-March 16, 2003*

The United Way of America (UWA) is working with government and foundation partners to improve access to health care and eliminate health disparities. As part of this effort, UWA has joined the Robert Wood Johnson Foundation and other national organizations for *Cover the Uninsured Week*, a major effort to establish the issue of the uninsured as a top national priority and to encourage the nation to seek solutions for the more than 41 million Americans who have no health insurance.

As part of this public awareness campaign, a weeklong series of national and local events will take place from March 10 through March 16, 2003. United Ways are planning diverse activities in collaboration with hospitals,

universities, churches and community-based organizations across the country. For more information about UWA's partnerships and *Cover the Uninsured Week*, visit: <http://national.unitedway.org/mobilization/zero/> or <http://coveringtheuninsured.org/>.

### **Audio Conferences**

The Association for Community Health Improvement (ACHI) offers educational audio conferences to members and non-members on a bi-monthly basis. These sessions address a range of topics, including: population health improvement, access to care, collaborative service strategies, planning and outcomes measurement, and more. For information on conference topics, fees, dates, and registration, visit:

[www.communityhlth.org/education/audio.html](http://www.communityhlth.org/education/audio.html)

## REPORTS AND ISSUE BRIEFS

### **Sustainability and Community Health**

Always a hot topic for CAP Grantees, this study from the VHA Health Foundation working with the American Hospital Association's Health Research and Educational Trust, investigates how and why health care organizations with recognized commitments to improving the health of their communities sustain this commitment over time.

The study, *Sustaining Community Health: The Experience of Health Care System Leaders*, focuses on strategies leaders have used to adapt to changing markets, and taps the experience of 15 recipients of national community health awards. For more information or to download the report, visit: <http://www.vhahealthfoundation.org/lessons.htm>

### **State Health Insurance Expansions**

A new Commonwealth Fund publication offers insight into ways that states can provide health insurance coverage to more people. *Toward Comprehensive Health Coverage for All: Summaries of 20 State Planning Grants from the U.S. Health Resources and Services*

*Administration*, details the efforts of the first 20 states that received planning grants from the federal government to collect data on their uninsured populations and devise plans to provide them with affordable coverage. Key aspects of current and proposed coverage policies are presented in an easy-to-use format that helps users quickly identify the highlights of states' efforts. To access the publication visit: [http://www.cmwf.org/programs/insurance/sacks\\_20hrsagrants\\_577.pdf](http://www.cmwf.org/programs/insurance/sacks_20hrsagrants_577.pdf).

### **Steps to Help the Uninsured**

This new report from the Commonwealth Fund, *Small but Significant Steps to Help the Uninsured*, outlines a dozen policy options that, for less than \$1 billion each, would provide uninsured and underinsured Americans with access to private health coverage, public coverage, or both. The report presents options focused on small business employees, low-wage workers, and other groups for whom health coverage is often unaffordable. To read or download the report visit: <http://www.cmwf.org/publist/publist2.asp?CategoryID=4>.



## WEB RESOURCES

### **Rural and Urban Health: Data Profiles**

The Center on an Aging Society has just released the seventh in a series of Data Profiles on chronic and disabling conditions, titled *Rural and Urban Health: Health Care Service Use Differs*. The Profile reports that the rural population is consistently less well off with respect to health. Although differences between the rural and urban populations are not always substantial, rural residents have higher rates of fair and poor physical and mental health than urban residents and tend to experience higher rates of physical limitations. Adults in rural areas are less likely than adults in urban areas to be tested for chronic conditions, though chronic conditions are somewhat more common among adults in rural areas. Rural residents also are more likely to be uninsured and to stay

uninsured for longer periods of time. To view the report visit: <http://ihcrp.georgetown.edu/agingsociety/rural/rural.html>.

### **Rural Health Research**

Each year, the Rural Health Research Centers funded by the Office of Rural Health Policy (ORHP) publish reports on topics ranging from rural health care financing to quality in rural health care settings to rural residents' access to specific health care services. The annotated bibliography of the Rural Health Research Centers' 2001-2002 publications is now available on the ORHP website. The bibliography includes the title, date of publication, and a brief description of each report. To access the bibliography visit: <http://ruralhealth.hrsa.gov/policy/thrcpublist.htm>